

SAMPLE APPROVED PROTOCOLS

EMERGENCY MEDICAL CARE OF THE PULSELESS NON-BREATHING PATIENT USING SEMI- OR FULLY-AUTOMATED EXTERNAL DEFIBRILLATION (AED)

PROVIDER NAME: _____ PROVIDER NO.60 - _____

- I. AED Consideration
 - A. Consider ALS backup.
 - B. Preparation for transport of patient should begin immediately as staffing allows.
 - C. Assuming no on-scene ALS, the patient should be transported when one of the following occurs:
 1. The patient regains a pulse.
 2. Six shocks are delivered (*in addition to shocks delivered by Public Access Defibrillator or PAD*).
 3. The machine gives three consecutive messages (separated by one minute of CPR) that no shock is advised.
 - D. *For adult victims* defibrillation comes first. Don't hook up oxygen or do anything that delays analysis of rhythm or defibrillation. *For pediatric victims the ABC's come first.*
 - E. All contact with patient must be avoided during analysis of rhythm and/or delivery of shock(s).
 - F. Automated external defibrillation is not used in cardiac arrest *in children under 8 years of age or anyone weighing less than 55 lbs. without direct physician authorization.*
 - G. Automated external defibrillators can not analyze rhythm properly when emergency vehicle is in motion. It is not safe to defibrillate in a moving vehicle.
- II. Use of automated external defibrillators during resuscitation attempts
 - A. Operational steps - multiple rescuer resuscitation of a PNB patient
 1. Take body substance isolation precautions - en route to scene.
 2. Arrive on scene and perform initial assessment.
 3. Stop CPR if in progress.
 4. Verify pulselessness and apnea.
 5. Have partner resume CPR.
 6. *If Public Access Defibrillation (PAD) utilized prior to your arrival, switch from PAD to your defibrillator.*
 7. Turn on defibrillator power and attach device while beginning narrative dictation.
 8. Stop CPR.
 9. Clear patient.
 10. Initiate analysis of rhythm.
 - a. Machine advises shock
 - 1) Deliver shock.
 - 2) Re-analyze rhythm.
 - 3) If machine advises shock, deliver second shock.
 - 4) Re-analyze rhythm.

- 5) If machine advises shock, deliver third shock.
- 6) Check pulse
 - a) If pulse, check breathing
 - (1) If breathing adequately, give high concentration oxygen by non-rebreather mask and transport promptly.
 - (2) If not breathing adequately (consider insertion of an advanced airway here), artificially ventilate with high concentration oxygen and transport promptly.
 - b) If no pulse, resume CPR for one minute
 - (1) As appropriate, consider insertion of an advanced airway.
 - (2) Stop CPR.
 - (3) Re-analyze rhythm.
 - (4) If shock advised, repeat one cycle of up to three stacked shocks.
 - (5) Transport promptly.
- b. If, after any rhythm analysis, the machine advises no shock, check pulse
 - 1) If pulse, check breathing.
 - a) If breathing adequately give high concentration oxygen by non-rebreather mask, transport promptly.
 - b) If not breathing adequately, artificially ventilate with high concentration oxygen, transport promptly (consider insertion of an advanced airway here).
 - 2) If no pulse, resume CPR for one minute.
 - a) Consider insertion of an advanced airway here.
 - b) Repeat rhythm analysis.
 - (1) If shock advised, deliver if necessary, up to two sets of three stacked shocks separated by one minute of CPR.
 - (2) If no shock advised and no pulse resume CPR for 1 minute.
 - (3) Analyze rhythm third time.
 - If shock advised, deliver if necessary, up to two sets of three stacked shocks separated by one minute of CPR (if transport is impossible [i.e. ambulance not at scene] continue to shock as long as shockable rhythm persists or until transport becomes possible).
 - If no shock advised, resume CPR and transport promptly.

B. Persistent ventricular fibrillation and no available ALS backup

1. After a maximum of six shocks on scene, (three initial, three after one minute of CPR), transport patient promptly. If transport is impossible [i.e. ambulance not at scene] continue the sequence of three (3) stacked shocks followed by one (1) minute of CPR for as long as shockable rhythm persists or until transport becomes possible).
 2. Additional shocks may be delivered at the scene or en route **only** by approval of on-line medical direction.
- C. Operational steps - single rescuer with an automated external defibrillator
1. Follow sequence
 - a. Perform initial assessment.
 - b. Assure pulselessness and apnea.
 - c. ***If Public Access Defibrillation (PAD) utilized prior to your arrival, switch from the PAD to your defibrillator.***
 - d. Turn on AED power (defibrillation is initial step and CPR should not be performed prior to rhythm analysis).
 - e. Attach device.
 - f. Initiate analysis of rhythm.
 - g. Deliver shock(s) as advised.
 - h. Follow protocol.
 2. Defibrillation is initial step; CPR should not be performed prior to rhythm analysis.

Approved by: _____

Medical Director (Print)

Medical Director (Signature)

Date